

## MEMORANDUM

Substitute  
Not On  
Agenda Item No. 10(A)(12)

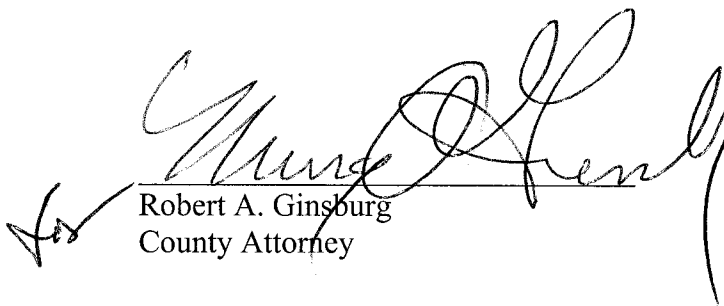
---

**TO:** Honorable Chairperson Barbara Carey-Shuler, Ed.D. and Members, Board of County Commissioners      **DATE:** December 4, 2003

**FROM:** Robert A. Ginsburg  
County Attorney      **SUBJECT:** Allocation of FY 03-04  
District Reserve Funds;  
District Office Funds; and  
provision of in-kind services

---

The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Dennis C. Moss.

  
Robert A. Ginsburg  
County Attorney

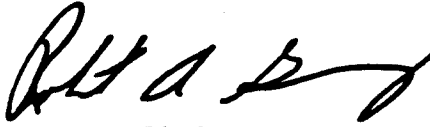
RAG/bw



# MEMORANDUM

(Revised)

TO: Hon. Chairperson Barbara Carey-Shuler, Ed.D. DATE: December 4, 2003  
and Members, Board of County Commissioners

FROM:   
Robert A. Ginsburg  
County Attorney

Substitute  
Not On  
SUBJECT: Agenda Item No. 10(A)(12)

Please note any items checked.

- ☒ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Bid waiver requiring County Manager's written recommendation
- ☐ Ordinance creating a new board requires detailed County Manager's report for public hearing
- ☐ Housekeeping item (no policy decision required)
- ☒ No committee review

Approved \_\_\_\_\_ Mayor

Veto \_\_\_\_\_

Override \_\_\_\_\_

Substitute

Not On

Agenda Item No. 10(A)(12)

12-4-03

RESOLUTION NO. \_\_\_\_\_

RESOLUTION APPROVING THE ALLOCATION OF  
FY 2003-2004 DISTRICT RESERVE FUNDS; DISTRICT  
OFFICE FUNDS; AND THE PROVISION OF IN-KIND  
SERVICES

**WHEREAS**, this Board desires to allocate \$15,900 to expand the existing community Holiday Toy Drive co-sponsored by the Miami-Dade County Police Department and/or the existing community Holiday Toy Drive co-sponsored by the Department of Human Services, to serve additional families in District 9 from the District Reserve Funds of County Commission District 9; and

**WHEREAS**, this Board desires to allocate up to \$3,000 from the District Office Funds of County Commission District 9 to support the existing community Holiday Toy Drive; and

**WHEREAS**, this Board desires to allocate \$2,100 from the District Office Funds of County Commission District 9 to the Richmond Heights Homeowners Association for community holiday decorations; and

**WHEREAS**, Commissioner Dennis C. Moss has requested that Miami-Dade County provide in-kind services for the existing community Holiday Toy Drive, and this Board desires to provide such in-kind services in an amount not to exceed \$4,000, see attached Fee Waiver/In-Kind Services Application,

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA**, that:

Section 1. This Board approves the allocation of \$15,900 from the FY 2003-2004 District Reserve Funds to expand the existing community Holiday Toy Drive co-sponsored by the Miami-Dade County Police Department and/or the existing community Holiday Toy Drive co-sponsored by the Department of Human Services, to serve additional families in District 9.

Section 2. This Board approves the allocation of \$3,000 from the District Office Funds of County Commission District 9 to support the existing community Holiday Toy Drive, and \$2,100 to the Richmond Heights Homeowners Association for community holiday decorations.

Section 3. This Board approves the provision of in-kind services from the Miami-Dade Parks Department, including all necessary fee waivers, supplies, labor and equipment, in an amount not to exceed \$1,000 to support the existing community Holiday Toy Drive.

Section 4. This Board approves a waiver of fees for the provision of in-kind services from the Miami-Dade Communications Department, including all necessary supplies, labor and equipment, in an amount not to exceed \$3,000 to support the existing community Holiday Toy Drive.

The foregoing resolution was sponsored by Commissioner Dennis C. Moss and offered by Commissioner \_\_\_\_\_, who moved its adoption. The motion was seconded by Commissioner \_\_\_\_\_ and upon being put to a vote, the vote was as follows:

Dr. Barbara Carey-Shuler, Chairperson  
Katy Sorenson, Vice-Chairperson

Bruno A. Barreiro  
Betty T. Ferguson  
Joe A. Martinez  
Dennis C. Moss  
Natacha Seijas  
Sen. Javier D. Souto

Jose "Pepe" Diaz  
Sally A. Heyman  
Jimmy L. Morales  
Dorrin D. Rolle  
Rebeca Sosa

The Chairperson thereupon declared the resolution duly passed and adopted this 8<sup>th</sup> day of December, 2003. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA  
BY ITS BOARD OF  
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: \_\_\_\_\_  
Deputy Clerk

Approved by County Attorney as  
to form and legal sufficiency.



Stephanie R. Miller



**MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION**

Please complete the following form in its entirety and submit completed form along with requested materials, if applicable, to:

Special Events Staff  
Communications Department  
111 N.W. 1<sup>st</sup> Street, Suite 2510  
Miami, FL 33128

Phone: (305) 375-2836  
Fax: (305) 375-3968

\*Requests will not be considered without completion of this application.


Type of Event/Application (select one of the following):

- ☒ District Event - Request for fee waiver/in-kind services will require Commission sponsor (Complete questions 1-7, sign, date and submit prior to event)
- ☐ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date)
- ☒ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date)

1. Full legal name of the requesting organization: COMMISSIONER DENNIS C. MOSS
2. Corporate Status: Select one of the choices below (For profit entities are not eligible):
- ☐ Not-For-Profit or Tax Exempt (attach proof)
- ☐ Local Government or Public Entity
- ☐ Other (specify): \_\_\_\_\_
3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): HELENA V. SUMPTER, DISTRICT COORDINATOR, (305) 245-4420, 1634 NW 6 AVENUE, FLORIDA CITY, FLORIDA
4. Specify fee waiver or in-kind service requested (quantify, if applicable): SHOWMOBILE & ADVERTISING/MAILOUT ORDER
5. Name, description and purpose of the event (if event is a fund-raiser, define the beneficiaries): CHRISTMAS TOY GIVEAWAY TO DISTRIBUTE TOYS TO UNDERPRIVILEGDE KIDS OF THE DISTRICT 9 COMMUNITY.
6. Please select ALL that apply to event:
- ☐ Economic Development: Event supports vitality or growth of the local economy
- ☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☒ Sports and Athletics: Event supports/promotes organized sports or recreational participation
7. Physical address of event venues (please specify Commission District(s)): \_\_\_\_\_

8. Description of regional or local impact: THE ENTIRE SOUTH COMMUNITIES OF HOMESTEAD AND FLORIDA CITY  
\_\_\_\_\_  
\_\_\_\_\_
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): \_\_\_\_\_  
SET UP TIME IS 8 A.M. AND TAKE DOWN TIME IS 1 P.M.  
\_\_\_\_\_
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Expected number of participants and estimated attendance (per day, if applicable): \_\_\_\_\_  
2000 FAMILIES  
\_\_\_\_\_
12. Itemized budget, including total event budget, total host budget and total commitment of resources (attach additional pages as needed):  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all the statements made in this application are true and correct.

  
Signature of Authorized Representative

DECEMBER 2, 2003

\_\_\_\_\_  
Date